MARYLAND STATE DEPARTMENT OF HEALTH

11192

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt Airy; LENGTH OF STAY (In this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 5 - Mt. Airy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt. Airy.
STREET ADDRESS (If rural, give location) Route 5, Mt Airy.

3. NAME OF DECEASED (Type or Print): (First) ALECK (Middle) Mitchell (Last) Anderson
4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 1, 1888
9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James M. Anderson
14. MOTHER'S MAIDEN NAME: Sarah Velinda Hoschell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW #1
16. SOCIAL SECURITY No.: 217-12-1977
17. INFORMANT AND ADDRESS: Mrs. Aleck M. Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis, Acute — Interval Between Onset and Death: 1 hr. 35 min

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) ✓ (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 11/2, 1953 to 11/2, 1953, that I last saw the deceased alive on 11/2, 1953 and that death occurred at 11.45 A.m., from the causes and on the date stated above.

SIGNATURE: W.B. Culwell (Degree or title) M.D. ADDRESS: Mt. Airy, Md. DATE SIGNED: 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Nov. 5, 1953
NAME OF CEMETERY OR CREMATORY: Howard Chapel
LOCATION (City, town, or county) (State): Long Corner, Maryland

DATE REC'D BY LOCAL REG.: Nov-4-53
REGISTRAR'S SIGNATURE: E. Pearl Myers
24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

RECEIVED
NOV 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11193

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City X
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 St. Paul Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City X
STREET ADDRESS (If rural give location): 10 St. Paul Street

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) LEE (Last) COLLINS

4. DATE OF DEATH: (Month) November (Day) 18, (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 28, 1929.

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Tennessee 39

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hagan Collins

14. MOTHER'S MAIDEN NAME: Atcie Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 3 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 317-30-3079

17. INFORMANT & ADDRESS: Mrs. Atcie Collins, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0027 Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) —

DUE TO

(c) Pulmonary Tuberculosis — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1952, to Nov. 18, 1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 10 PM, from the causes and on the date stated above.

SIGNATURE: William F. Loughran (Degree or title) M.D ADDRESS: Ellicott City, Md DATE SIGNED: 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 11/21/53. — NAME OF CEMETERY OR CREMATORY: Burdine Cemetery — LOCATION (City, town, or county) (State): Sneedsville, Tenn.

DATE REC'D BY LOCAL REGISTRAR: Nov 19, 1953 — REGISTRAR'S SIGNATURE: John B. Loughran. Per. B. E. L.

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Ellicott City, Md.

VS. A15

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NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11194

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shafers Convalescent Retreat 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) DAVIS (Last)

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 11-7-1871

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Marriottsville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Davis

14. MOTHER'S MAIDEN NAME: Sallie E. Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Richard Davis Jr. Schuylkill Haven, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
428.1 Immediate cause	(a) Cardiac failure	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Arteriosclerotic CV disease	2 yrs
DUE TO	(c) Arterial embolism - right leg	24 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 52, to Nov 13, 19 53, that I last saw the deceased alive on Nov 13, 19 53, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Laughman MD ADDRESS Ellicott City Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-17-53

NAME OF CEMETERY OR CREMATORY Mt. View

LOCATION (City, town, or county) (State) Alpha, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1953

REGISTRAR'S SIGNATURE John B. Laughman. Per. B. E. L.

24. FUNERAL DIRECTOR ADDRESS F. C. Higinbothom, Ellicott City, Md

RECEIVED
NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11195

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKRIDGE — LENGTH OF STAY (in this place): 6 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 36 HUNT CLUB RD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKRIDGE
STREET ADDRESS (If rural, give location): 36 HUNT CLUB RD

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) MAY (Last) HAMMOND

4. DATE OF DEATH: (Day) 26 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 3 MAY 1871

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ABRAHAM BUSCH

14. MOTHER'S MAIDEN NAME: ALICE RIGEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: HUSBAND JOSEPH A HAMMOND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

Immediate cause (a): MALIGNANCY OF GALLBLADDER — Interval Between Onset and Death: 1 YR

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): DIABETES MELLITUS

260X

(c): ARTERIOSCLEROTIC HEART DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 MAY, 1953, to 24 NOV, 1953, that I last saw the deceased alive on 24 NOV, 1953, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE: George E. Gorlean — (Degree or title) MD — ADDRESS: Elkridge, md — DATE SIGNED: 26 NOV 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-30-1953 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: NOV 27 1953

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.,

11196

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY HOWARD MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKRIDGE X — LENGTH OF STAY (in this place) 2 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKRIDGE X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 HUNT CLUB. RD. X	STREET ADDRESS (If rural, give location) 10 HUNT CLUB RD.

3. NAME OF DECEASED (Type or Print) (First) STEPHEN (Middle) (Last) HARRINGTON

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 5 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE	MARRIED	DEC. 27, 1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MICHIGAN 14	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN HARRINGTON	CATHERINE SHEEHAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
4 NO.			MRS. THERESA M. HARRINGTON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 443x (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive A. S. C. V. D.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1/6, 1953, to 11/5, 1953 that I last saw the deceased alive on 11/4, 1953 and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John C. Healy	MD	1305 Francis Ave	11/5/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/9/53	MEDOWRIDGE CEM.	BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/6/53	[signature] Dwyer	Joseph T. Ambrose, Jr.	1328 Sulphur Sp. Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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15-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1197

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place) X 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schaeffer's Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto 1.4
STREET ADDRESS (If rural give location) 2744 N. Calvert St.

3. NAME OF DECEASED: (Type or Print) ELIZA (Middle) ROSINA (Last) POOLE

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: 4 3, 1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Savannah Ga.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Hewitt
14. MOTHER'S MAIDEN NAME: Mary E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Donald F. Poole, 900 Domer Ave., Tacoma Park

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma of bladder
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death: 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none 0
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1953 to 11-2, 1953, that I last saw the deceased alive on 10-31, 1953, and that death occurred at 6:30 A.M. from the causes and on the date stated above.

SIGNATURE George E. Bungtorp (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/4/53
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 11 3-53
REGISTRAR'S SIGNATURE W. W. Hedrick
24. FUNERAL DIRECTOR Cook Inc. 127 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45 (T)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11198

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City X
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 B. Main Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City X
STREET ADDRESS (If rural give location) 106 B. Main Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CARRIE LEE SHEPPARD

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/31/1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Augustus Gover
14. MOTHER'S MAIDEN NAME: Sallie Harvey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-10-5523B
17. INFORMANT & ADDRESS: Grafton Sheppard 106B Main St. Ellicott City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 12 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis Cardio-Vascular Disease — 14 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none 0
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1939, to 11-11, 1953, that I last saw the deceased alive on 11-11, 1953, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Burgtorf M.D. ADDRESS Ellicott City Md. DATE SIGNED 11-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/13/53
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 13, 1953
REGISTRAR'S SIGNATURE John B. Loughran Per. B. E. L.
24. FUNERAL DIRECTOR Easton Sons ADDRESS Ellicott City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11199

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cooksville X
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cooksville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) THOMAS (Last) SMITH

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1953

5. SEX: M
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 8, 1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): attendant
10b. KIND OF BUSINESS OR INDUSTRY: Henryton Hospital
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Smith
14. MOTHER'S MAIDEN NAME: Eliza Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Josephine Smith - Cooksville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
151X
Immediate cause (a) gastric carcinoma
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) generalized arteriosclerosis
DUE TO
(c) heart failure

Interval Between Onset And Death: 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 5, 1953, to October 30, 1953, that I last saw the deceased alive on October 30, 1953, and that death occurred at 12 30 AM, from the causes and on the date stated above.

SIGNATURE Bertrand R. Gau (Degree or title) M.D. ADDRESS SYKESVILLE Md DATE SIGNED 11-4-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 11-7-53
NAME OF CEMETERY OR CREMATORY Bushy Park
LOCATION (City, town, or county) (State) Cooksville, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 5, 1953
REGISTRAR'S SIGNATURE E. Pearl Mercer
24. FUNERAL DIRECTOR Weer & Haight ADDRESS Sykesville, Md.
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 27 1953
BUREAU V. S.